

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>91423817</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	1		1			
2		1		1			52		2		1		
3	1		1				53		2		1		
4		1		1			54		2		1		
5		2		1			55		2		1		
6		2		1			56		2		1		
7		2		1			57						
8	1		1				58						
9	1		1				59						
10		3		1			60						
11		3		1			61						
12		3		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21	1		1				71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27	1		1				77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33	1		1				83						
34	1		1				84						
35	1		1				85						
36		2		1			86						
37		2		1			87						
38		2		1			88						
39		2		1			89						
40		2		1			90						
41		3		1			91						
42		3		1			92						
43		3		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		1		1			99						
50	1		1				100						
TOTAL IND.			11				TOTAL IND.			11			
TOTAL DEP.			52				TOTAL DEP.			52			
TOTAL CLAIMS			63				TOTAL CLAIMS			63			